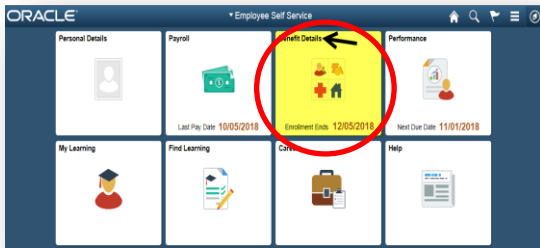
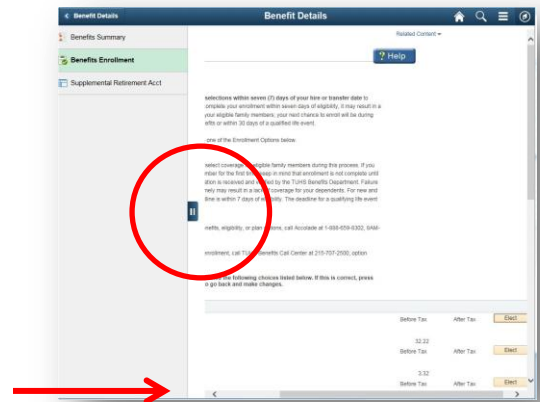


## How to Enroll for Benefits

**1.** Click the **Benefits Enrollment** tab to begin.



**2.** To view full screen, click the **Navigation** tab or use the scroll bar



**3.** Click **Elect** to enroll in that plan

**Enrollment Options**

	Before Tax	After Tax	
<b>Medical</b>			<b>Elect</b>
Current: Advantage Plan:Single			
For 2019:High Option:Single	91.92		
<b>Dental</b>			<b>Elect</b>
Current: UCCI Dental:Single			
For 2019:UCCI Dental:Single	3.32		
<b>Vision</b>			<b>Elect</b>
Current: Vision Care Temple:Single			
For 2019:Vision Care Temple:Single	0.00		
<b>Flex Spending Health - U.S.</b>			<b>Elect</b>
Current: Waive			
For 2019:Waive	0.00		
<b>Flex Spending Dependent Care</b>			<b>Elect</b>
Current: Waive			
For 2019:Waive	0.00		

This table summarizes the total cost of your benefit elections.

Election Summary	
Summarized estimates for new Benefit Elections	Total
Costs	95.24
Your Costs	95.24

**4.** Click the **Circle** to choose that plan and then click **Update and Continue** to enroll in the next plan follow **Step 4** to cover eligible family.

**Temple Care**

Coverage Level	Your Costs	Tax Class
Single	832.32	Before-Tax
Family	885.49	Before-Tax
<b>Advantage Plan</b>		
Coverage Level	Your Costs	Tax Class
Single	866.32	Before-Tax
Family	8175.26	Before-Tax
<b>High Option</b>		
Coverage Level	Your Costs	Tax Class
Single	891.92	Before-Tax
Family	8244.61	Before-Tax
Waive		

**Your Eligible Dependents**

To add an eligible dependent and **disenroll** below you must contact the Benefit Call Center at 1-888-659-8302, Option 2, Monday through Friday, 8:00 AM to 5:00 PM, or 215-707-2500, option 2, Monday through Friday, 8:00 AM to 5:00 PM, or 215-707-2500, option 2, Monday through Friday, 8:00 AM to 5:00 PM, or 215-707-2500, option 2, Monday through Friday, 8:00 AM to 5:00 PM.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** checkbox next to the dependent's name. To remove a dependent from coverage, uncheck the **Enroll** checkbox next to the dependent's name.

Enroll	Name	Relationship
<input type="checkbox"/>		

**Review Dependents**

**Update and Continue** | **Cancel Changes**

- 5.** To enroll eligible family, scroll down to *Your Eligible Dependents*. a) Click *Add/Review Dependents* to add new or update/remove existing dependent information. b) Click *Save* after entering the dependent's personal information. c) Click *Add a Dependent* to add another eligible family member or *Return to Event Selection to Continue the Process*.

The enrollment process for eligible dependents is not complete until Proof of Relationship documentation is received and verified by the TUHS Benefits Department within the eligibility deadline – 7 days for new and transferring employees and within days of a qualifying life event.

**Medical**

Your eligible Medical Plan options and qualified dependents are displayed below. The per-paycheck deductions are also displayed for comparison.

All medical plans include prescription coverage through CV's Health.

Family or Single Coverage

- To select this coverage for an eligible dependent, click the corresponding box.
- To cover a qualified dependent that is not listed, follow the instructions below.
- To change your coverage from Family to Single, unselect all dependents below.

**Important!** Your current election is: No Coverage. If you do not make a choice, your coverage will be: Temple Care with Single coverage.

Red arrow pointing to the 'Add/Review Dependents' button.

**Dependent Personal Information**

Brittany Graham

Enter your dependents' complete information including correct spelling, proper upper and lower case (do not enter in all capital letters or all lower case) and fill in all required fields marked with an asterisk.

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Apr 20, 2019.

Proof of Relationship documentation is required for any dependent added to this system. For a list of acceptable documents and transmittal form click [here](#).

To enroll a dependent added on this page you must also check the "Error" checkbox next to the dependent's name on the Benefit Plan Enrollment pages.

**Personal Information**

\*First Name  
Middle Name  
\*Last Name  
Name Prefix  
Name Suffix  
\*Date of Birth  
\*Gender  
Social Security Number  
\*Relationship to Employee

**Status Information**

\*Marital Status (Single) As of

**Address and Telephone**

Same Address as Employee

Country United States  
Address 3240 Guilford Street  
Philadelphia, PA 19136

Red arrow pointing to the 'Save' button.

**Add/Review Dependent/Beneficiary**

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the "Add a dependent or beneficiary" button.

Dependent	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Deceased	Dependent	Beneficiary
Brittany Graham	Child	11/04/97	Single		No	Yes	Yes

Red circle around the 'Add a Dependent' button.

- 6.** Continue steps 2-4 for each enrollment option. When all options have been selected, click **Update Elections**.

- 7.** Click **Save and Continue** when you have completed your enrollment.

**Benefit Plans**

Medical

Samantha Citron

**Important!** You have selected the following choices for the new plan year. If this is correct, press **Update Elections**. If not, press **Discard Changes** to go back and make changes.

Your enrollment will not be completed until you press **Submit** at the end and the confirmation page of your benefit elections is displayed.

Your Choice

You have chosen High Option with Single coverage.

Your Estimated Per-Pay-Period Cost

Your Cost \$91.92

**Notes**

Once submitted, this choice will take effect on 01/01/2019.

Instructions for this election will start with the pay period that includes January 1.

Update Elections Discard Changes

Red arrow pointing to the 'Update Elections' button.

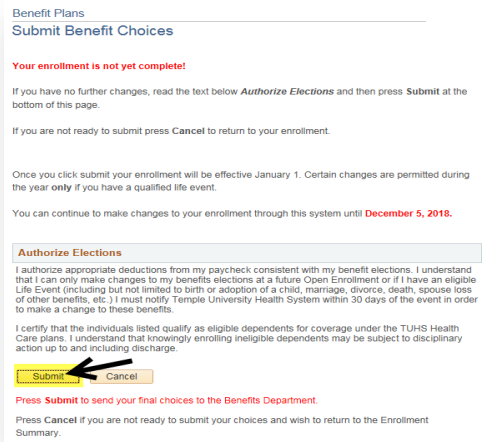
This table summarizes the total cost of your benefit elections.

Election Summary	
Summarized estimates for new Benefit Elections	Total
Costs	95.24
Your Costs	95.24

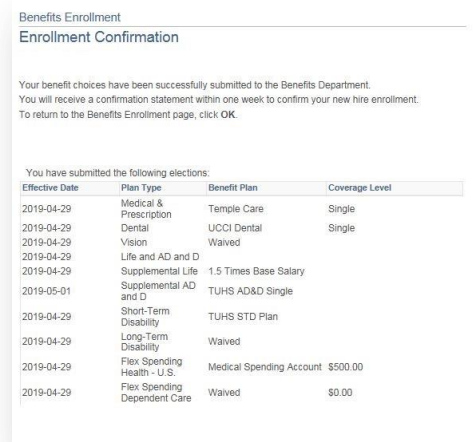
Save and Continue

Red arrow pointing to the 'Save and Continue' button.

**8.** Read **Authorize Elections** and click **Submit** to finalize your enrollment.



**9.** You can print the confirmation screen for your records. An email confirmation will also be sent to your TUHS email account.



Effective Date	Plan Type	Benefit Plan	Coverage Level
2019-04-29	Medical & Prescription	Temple Care	Single
2019-04-29	Dental	UCCI Dental	Single
2019-04-29	Vision	Waived	
2019-04-29	Life and AD and D		
2019-04-29	Supplemental Life	1.5 Times Base Salary	
2019-05-01	Supplemental AD and D	TUHS AD&D Single	
2019-04-29	Short-Term Disability	TUHS STD Plan	
2019-04-29	Long-Term Disability	Waived	
2019-04-29	Flex Spending Health - U.S.	Medical Spending Account	\$500.00
2019-04-29	Flex Spending Dependent Care	Waived	\$0.00

## HELP WITH NETWORK USER ID OR PASSWORD

- Call TUHS Help Desk at 2-7008 or 215-707-7008

## QUESTIONS ABOUT MEDICAL BENEFITS, ELIGIBILITY & PLAN OPTIONS

- Contact an Accolade Personal Health Assistant
  - Call **1-888-659-8302 M-F, 8AM – 8PM ET** (nurses are available after hours)
  - Download [Accolade mobile app](#)
  - Visit [TUHS.MyAccolade.com](http://TUHS.MyAccolade.com)

## HELP WITH ONLINE ENROLLMENT & ALL OTHER BENEFITS QUESTIONS

- Call the TUHS Benefits Call Center at 2-2500, option 2 or 215-707-2500, option 2, M-F 8AM-5PM